



Practitioner's Docket No. D-1108

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: David T. Frederick

Application No.: 09/288,685

Art Unit: 3651

Filed: April 9, 1999

Examiner: Jeffrey Shapiro

Title: Medical Cabinet With Adjustable Drawers

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Commissioner for Patents
Washington, D.C. 20231

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES
(37 C.F.R. 1.191)

Applicant hereby appeals to the Board from the decision of the Primary Examiner, mailed July 17, 2001, regarding all unallowed claims (including the ten designated claims 4, 16, 17, 36, 40, 41, 44, 53, 54, 56).

1. STATUS OF APPLICANT

This application is on behalf of other than a small entity.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. 1.17(b), the fee for filing the Appeal Brief is:

Other than a small entity \$320.00

Notice of Appeal fee due \$320.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as Express mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

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Date: October 17, 2001

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Ralph E. Jocke

(type or print name of person certifying)

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(Notice of Appeal from the Primary Examiner to the Board—page 1 of 2)

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R.1.136 apply.

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$320.00

TOTAL FEE DUE \$320.00

5. FEE PAYMENT

Charge Account No. 10-0637 (Walker & Jocke) the sum of \$320.00.
A duplicate of this transmittal is attached.

6. FEE DEFICIENCY

If any additional extension and/or fee is required, this is a request therefor and to charge Account No. 10-0637 (Walker & Jocke).

If any additional fee for claims is required, charge Account No. 10-0637 (Walker & Jocke).



SIGNATURE OF PRACTITIONER

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